

FILED SEP 30 1950

STANDARD CERTIFICATE OF DEATH

30618

State File No. _____

3878

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>30 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>6636 E. 14th St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hosp</u>				18			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JAMES</u>		b. (Middle) <u>BERTON</u>		c. (Last) <u>PERINGER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>9</u> <u>11</u> <u>1950</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>10/7/1878</u>		9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ford Mtr. Co. Automobile</u>		11. BIRTHPLACE (State or foreign country) <u>Fall River Kans.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Samuel Peringer</u>		13b. MOTHER'S MAIDEN NAME <u>Mary J. Millis</u>		14. NAME OF HUSBAND OR WIFE <u>Laura Belle Peringer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-05-2688</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Evelyn Haas</u>		ADDRESS <u>6636 E. 14th St.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia (At home)</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombotic Arterio</u>				3 mo.			
DUE TO (c) <u>Cerebral Hemorrhage Paralytic</u>				331X			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Left Side Hypertension icterus chole</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7-19</u> , 19 <u>50</u> , to <u>9-11</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>9-10</u> , 19 <u>50</u> and that death occurred at <u>5 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. J. Gay</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>604 W. Truman St.</u>		23c. DATE SIGNED <u>9-11-50</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/13/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>McWright</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-11-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		FUNERAL DIRECTOR'S SIGNATURE <u>John P. Shil</u>		ADDRESS <u>D. C. Sm</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed

Student Embalmer

Licensed Embalmer No. 3625

P. O. Address A. C. Smith

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.